



Attorney's Docket No.: 042390.P11384

Patent

In re the Application of: Miguel N. Bermudez
(inventor(s))

Application No.: 09/895,426

Filed: June 28, 2001

For: CAUTION ESD LABEL WITH DOUBLE MAC ADDRESS NUMBER LABEL ATTACHMENT

(title)

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SIR: Transmitted herewith is an Amendment for the above application.

☐ Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established by a verified statement previously submitted.
☐ A verified statement to establish small entity status under 37 C.F.R. §§ 1.9 and 1.27 is enclosed.
☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	Claims Remaining After Amd.		Highest No. Previously Paid For	Present Extra
Total Claims	* 8	Minus	** 26	0
Indep. Claims	* 1	Minus	*** 3	0
First Presentation of Multiple				
Dependent Claim(s)				

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

SMALL ENTITY	
Rate	Additional Fee
X9	\$ -
X42	\$ -
+140	\$ -
Total Add. Fee	\$ -

OTHER THAN A SMALL ENTITY	
Rate	Additional Fee
X18	\$ 0
X84	\$ 0
+280	\$ 0
Total Add. Fee	\$ 0

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to the Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

on August 13, 2003
Date of Deposit

Christina Fernandez
Name of Person Mailing Correspondence

Christina Fernandez
Signature

August 13, 2003
Date

_____ A check in the amount of \$ _____ is attached for presentation of additional claim(s).
_____ Applicant(s) hereby Petition(s) for an Extension of Time of _____ month(s) pursuant to
37 C.F.R. § 1.136(a).

_____ A check for \$ _____ is attached for processing fees under 37 C.F.R. § 1.17.

_____ Please charge my Deposit Account No. 02-2666 the amount of \$ _____.

A duplicate copy of this sheet is enclosed.

X The Commissioner of Patents and Trademarks is hereby authorized to charge payment of the
following fees associated with this communication or credit any overpayment to Deposit Account
No. 02-2666 **(a duplicate copy of this sheet is enclosed)**:

X Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of
extra claims.

X Any extension or petition fees under 37 C.F.R. § 1.17.

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